

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/522582

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		2				
5						
6	1					
7		0				
8	1					
9						
10		2				
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1	0				
21	1					
22	2					
23	0					
24	0					
25	0					
26	0					
27	0					
28	0	3				
29	0					
30	0					
31						
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47						
48						
49						
50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	198	←	←	←	←	←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						